Figueira Decl. Ex. 7

SUPREME COURT, APPELLATE DIVISION FOURTH JUDICIAL DEPARTMENT ATTORNEY GRIEVANCE COMPLAINT FORM

General Information and Instructions:

COMPLAINANT INFORMATION:

- You may use this form to file a grievance complaint against an attorney. A signed original complaint must be submitted to one of the grievance committees for the Fourth Judicial Department (see bottom of page 2 for how to contact the grievance committees). Fax and email submissions are not accepted.
- This form is optional. If you do not use this form, you must specify your name and contact information, the attorney's name, and facts supporting the complaint.
- The attorney grievance process is confidential primarily because unfounded allegations of misconduct may negatively affect a lawyer's reputation and ability to make a living. Grievance complaints and all documents generated during an investigation are confidential and sealed. Certain documents are unsealed if the charges are sustained by the Court (see Judiciary Law § 90 [10]; 22 NYCRR 1240.13).
- Grievance complaints are initially reviewed by a staff member of the grievance committees. A copy of the written complaint will be sent to the attorney for a response. Staff members of the grievance committees do not represent you and cannot give you legal advice. You may need to retain an attorney to represent your personal legal interests.
- For more information about the attorney grievance process, visit the grievance committee website at: www.nycourts.gov/courts/ad4/AG

(Mr.) Your Name: (Ms.) (M.I) (Last) Address: ____ (Street) (Apt. #) (County) (State) (Zip Code) (City) Telephone: (Home) _____ (Office) _____ (Cell) ____ Email: **IF MORE THAN ONE ATTORNEY IS INVOLVED, FILE A SEPARATE COMPLAINT FORM FOR EACH ATTORNEY** ATTORNEY COMPLAINED OF: Name: _____ (M.I) (First) (Last) Office Address: (Street) (County) (State) (Zip Code) (City) Telephone: (Office) (Cell) (Email)

CONTACT WITH OTHER AGENCIES:

Have you filed a complaint with any other agency, such as a Bar Association or District Attorney's Office?

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COURT ACTION TAKEN BY YOU AGAINST THE ATTORNEY:
Have you taken any civil or criminal action against the attorney?
If yes, list the court, case number, and date filed
What action was taken by the court(s)?
ALLEGATIONS:
complaint against the attorney in as much detail as possible. When did you hire the attorney? How much did you pay? What legal services did the attorney agree to perform? What did the attorney actually do? What conduct of the attorney was improper? Please attach COPIES of all relevant documents (e.g. retainer agreement, canceled checks, pleadings, documents that you sent to the attorney, or documents that were prepared by the attorney). DO NOT SUBMIT ORIGINALS OF YOUR SUPPORTING DOCUMENTS . THEY WILL NOT BE RETURNED . Also, provide names and contact information of any witnesses.
Signature Date
WHERE TO FILE:

Attorney Grievance Committee of the Eighth Judicial District 438 Main Street, Suite 800 Buffalo, New York 14202-3212 Phone: (716) 845-3630 Attorney Grievance Committee of the Seventh Judicial District 50 East Avenue, Suite 404 Rochester, New York 14604-2206 Phone: (585) 530-3180

Attorney Grievance Committee of the Fifth Judicial District 224 Harrison Street, Suite 408 Syracuse, New York 13202-3066 Phone: (315) 401-3344